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In re Application of:

TETSUO KAGEYAMA

Application No.: 10/073,109

Filed: February 12, 2002

For: INK JET RECORDING APPARATUS AND
INK JET RECORDING METHODTHE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No. 03500.016181

Examiner: H. Tran

Group Art Unit: 2861

Date: September 19, 2003

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 6	MINUS	** 24	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 2	MINUS	*** 6	= 0	x \$42 \$84	- 0 -
Fee for Multiple Dependent claims \$140°/\$280						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence being facsimile transmitted to
the U.S. Patent and Trademark Office (fax No. (703) 872-9319 onSeptember 19, 2003 --
(Date of Deposit)Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

September 19, 2003
Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 32622

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Form #120
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